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CONFIRMATION NO. 7479

Bib Data Sheet

|   |   |                               |   |   |
|---|---|-------------------------------|---|---|
| <b>SERIAL NUMBER</b><br>10/601,372  | <b>FILING OR 371(c) DATE</b><br>06/23/2003<br><b>RULE</b>   | <b>CLASS</b><br>052           | <b>GROUP ART UNIT</b><br>3636   | <b>ATTORNEY DOCKET NO.</b><br>1547520/58400 |
| <b>APPLICANTS</b><br>Rex C. Donahey, West Des Moines, IA;<br>Kim E. Sceber, Cantonment, FL;<br>Robert T. Lone SR., Ames, IA;  |   |                               |   |   |
| <div style="display: flex; align-items: flex-start;"> <div style="width: 20px; text-align: right; padding-right: 5px;"> 120<br/>4/26/07 </div> <div> <b>** CONTINUING DATA *****</b><br/>           This appln claims benefit of 60/390,726 06/21/2002<br/><br/> <b>** FOREIGN APPLICATIONS *****</b> </div> </div>     |   |                               |   |   |
| <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b><br><b>** 08/28/2003</b>  |   |                               |   |   |
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after<br>met Allowance<br>Verified and Acknowledged _____<br>Examiner's Signature Initials |   | <b>STATE OR COUNTRY</b><br>IA | <b>SHEETS DRAWING</b><br>3  | <b>TOTAL CLAIMS</b><br>11                   |
|   |   |                               |   | <b>INDEPENDENT CLAIMS</b><br>2              |
| <b>ADDRESS</b><br>26386   |   |                               |   |   |
| <b>TITLE</b><br>POST-TENSIONED INSULATED WALL PANELS  |   |                               |   |   |
| <b>FILING FEE RECEIVED</b><br>440   | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                               | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |   |